

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 674855

1. Entity Name  
SUPER TRANSPORT, INC.



Principal Place of Business

951 BROKEN SOUND PKWY NW STE 100  
PO BOX 3054  
BOCA RATON, FL 33431-0054

Mailing Address

951 BROKEN SOUND PKWY NW STE 100  
PO BOX 3054  
BOCA RATON, FL 33431-0054



07052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2013436

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHUSTER, MICHAEL  
951 BROKEN SOUND PKWY, NW  
SUITE 100  
BOCA RATON, FL 33487

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHUSTER, I. TULLY
STREET ADDRESS	951 BROKEN SOUND PWY 100
CITY-ST-ZIP	BOCA RATON, FL
TITLE	ST
NAME	SCHUSTER, RITA
STREET ADDRESS	951 BROKEN SOUND PWY 100
CITY-ST-ZIP	BOCA RATON, FL
TITLE	V
NAME	SCHUSTER, RONALD
STREET ADDRESS	951 BROKEN SOUND PWY 100
CITY-ST-ZIP	BOCA RATON, FL
TITLE	V
NAME	SCHUSTER, MICHAEL
STREET ADDRESS	951 BROKEN SOUND PWY 100
CITY-ST-ZIP	BOCA RATON, FL
TITLE	V
NAME	SCHUSTER, TAMMY
STREET ADDRESS	951 BROKEN SOUND PWY., NW, 100
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000371033  
07/06/05-80007-009 558.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD SCHUSTER-VICE PRESIDENT

07.05.05 241-0100

Date

Daytime Phone #